REPORT OF	RECEIPTS AND DISBURS ED COMMITTEE OF A CANDIDATE F	SEMENTS	OF PRESIDENT OR	1 / 89
1. NAME OF COMMITTE				VIOL I ILCODEIVI
COX 2008 COMMIT	ITEE INC			
ADDRESS (number and	d street) Check if different than previ	iously reported	1	
Post Office Box 5353		lously reported	2. IDENTIFICATION N	IUMBER
			C00420224	
CITY, STATE, and ZIP ( Buffalo Grove	CODE IL 6008	ι <b>α</b>	3. IS THIS REPORT F	
			Primary	General
4. TYPE OF RE	EPORT (Check here ii this is a Term	Monthly Report Due	On:	
April 15 Quarterly Re	port	February 20	June 20	October 20
July 15 Quarterly Rep	port	March 20	July 20	November 20
<b>П</b> а 450 г		April 20 May 20	August 20 September 20	December 20  January 31
October 15 Quarterly	, Report	Widy 20		U Li January Ji
X January 31 Year End	I Report	Twelfth day report pr		(Type of Election)
		election on		the State of
	1	Thirtieth day report fo	ollowing the General Elec	ation on
		on		
IS THIS REPORT AN AM	MENDMENT YES X NO			
5. COVERING PERIOD		FROM 10/01/2007	THR	OUGH 12/31/2007
SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD			1963.63
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)			31258.83
	8. SUBTOTAL (Lines 6 and 7)			33222.46
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)			31568.19
	10. CASH ON HAND AT CLOSE OF REPOR (Subtract Line 9 from 8)	TING PERIOD		1654.27
	11. DEBTS AND OBLIGATIONS OWED TO 1 (Itemize All on Schedule C-P or Schedule D	D-P)		0.00
	12. DEBTS AND OBLIGATIONS OWED BY 1 (Itemize All on Schedule C-P or Schedule D			1055000.00
	13. EXPENDITURES SUBJECT TO LIMITAT			1076013.24
NET ELECTION CYCLE- TO-DATE	14. NET CONTRIBUTIONS (Other than Loans (Subtract Line 28d, Column B from 17e, Co			22167.51
CONTRIBUTIONS AND EXPENDITURES	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Colummn B from 23, Co	olumn B, Page 2)		1052409.98
I certify that I have exar	mined this Report and to the best of my know	wledge and belief it is tr	rue, correct, and compl	ete.
Type or Print Name of Tre Claremont Ruf				Date 01/31/2008
Signature of Treasurer				
	lse, erroneous, or incomplete information may su FEC FORM 3P are obsolete and should no longer		this Report to the penaltie	es of 2 U.S.C. §437g.
For further information				FEC FORM 3P
	999 E Street, N.W. Washington, DC 20463	Toll Free 800-424- Local 202-694-110	-9530	(01/2001)

17. CONTRIBUTIONS (other than loans) FROM:  (a) Individuals/Persons Other Than Political Committees  (b) Political Party Committees  (c) Other Political Committees  (d) The Candidate  (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c), 17  18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))	7(d))	Report Covering the Period From: 10/01/2007  COLUMN A Total This Period  0.00  266.00  0.00  0.00  266.00  0.00  30000.00  30000.00  492.83	To: 12/31/2007  COLUMN B Election Cycle-to-Date  0.00  22167.51  0.00  22167.51  0.00  1055000.00  1055000.00
16. FEDERAL FUNDS (Itemize on Schedule A-P)  17. CONTRIBUTIONS (other than loans) FROM:  (a) Individuals/Persons Other Than Political Committees  (b) Political Party Committees  (c) Other Political Committees  (d) The Candidate  (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c), 13  18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))	7(d))	266.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	22167.51 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1055000.00 0.00
17. CONTRIBUTIONS (other than loans) FROM:  (a) Individuals/Persons Other Than Political Committees  (b) Political Party Committees  (c) Other Political Committees  (d) The Candidate  (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 1°  18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))	7(d))	266.00 0.00 0.00 0.00 266.00 0.00 30000.00 0.00 30000.00	22167.51 0.00 0.00 0.00 22167.51 0.00 1055000.00 0.00
(a) Individuals/Persons Other Than Political Committees (b) Political Party Committees (c) Other Political Committees (d) The Candidate (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17  18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 19. LOANS RECEIVED: (a) Loans Received From or Guaranteed by Candidate (b) Other Loans (c) TOTAL LOANS (Add 19(a) and 19(b))	7(d))	0.00 0.00 0.00 266.00 0.00 30000.00 0.00 30000.00	0.00 0.00 0.00 22167.51 0.00
(b) Political Party Committees (c) Other Political Committees (d) The Candidate (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 13  18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED: (a) Loans Received From or Guaranteed by Candidate (b) Other Loans (c) TOTAL LOANS (Add 19(a) and 19(b))	7(d))	0.00 0.00 0.00 266.00 0.00 30000.00 0.00 30000.00	0.00 0.00 0.00 22167.51 0.00
(c) Other Political Committees  (d) The Candidate  (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17  18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))	7(d))	0.00 0.00 266.00 0.00 30000.00 0.00 30000.00	0.00 0.00 22167.51 0.00 1055000.00 0.00
(d) The Candidate  (e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17 (b), 17(c), 17 (c), 18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))	7(d))	0.00 266.00 0.00 30000.00 0.00 30000.00	0.00 22167.51 0.00 1055000.00 0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c), 138. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))		266.00 0.00 30000.00 0.00 30000.00	22167.51 0.00 1055000.00 0.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES  19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))		0.00 30000.00 0.00 30000.00	0.00 1055000.00 0.00
19. LOANS RECEIVED:  (a) Loans Received From or Guaranteed by Candidate  (b) Other Loans  (c) TOTAL LOANS (Add 19(a) and 19(b))		30000.00 0.00 30000.00	1055000.00
(a) Loans Received From or Guaranteed by Candidate (b) Other Loans (c) TOTAL LOANS (Add 19(a) and 19(b))		0.00 30000.00	0.00
(b) Other Loans (c) TOTAL LOANS (Add 19(a) and 19(b))		0.00 30000.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		30000.00	
			1055000.00
O OFFICETO TO EVDENDITURES (Primate Policies etc.)		492 83	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		492 83	
(a) Operating			4110.68
(b) Fundraising		0.00	0.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b)	o) and 20(c))	492.83	4110.68
21. OTHER RECEIPTS (Dividend, Interest, etc.)		500.00	500.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		31258.83	1081778.19
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		31568.19	1056520.66
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	23603.26
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00
29. OTHER DISBURSEMENTS		0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	<u></u>	31568.19	1080123.92
III. CONTRIBUTED ITEMS (Stock, Art Obje	ects, etc.)		
21 ITEMS ON HAND TO BE LIQUIDATED (Attach Ligh)		0.00	

Buffalo Grove

IL

age# 20930294903			
ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  (PAGE 3, FEC FORM 3P)			
1. NAME OF COMMITTEE (in full)			
COX 2008 COMMITTEE INC			
ADDRESS (number and street)			
Post Office Box 5353			
CITY STATE and ZID CODE	2 IDENTIFICATION NUMBER		

C00420224

### **ALLOCATION BY STATE**

60089

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	1000.00	New Hampshire	0.00	44271.05
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	12.60	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	12.60
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	12.60	North Dakota	0.00	0.00
District of Columbia	0.00	1095.59	Ohio	0.00	0.00
Florida	0.00	12.60	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	40.00	Rhode Island	0.00	0.00
Illinois	0.00	2969.72	South Carolina	0.00	104362.90
Indiana	0.00	0.00	South Dakota	0.00	0.00
lowa	0.00	101182.84	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	1012.60	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	100.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	256085.10

## SCHEDULE A (FEC Form 3P)

	CHEDULE A (FEC Form 3P) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4 / 89 (check only one)  16 x 17a 17b 17c 17d 18
Α	ny information copied from such Reports and Start for commercial purposes, other than using the r	atements may	y not be sold or used by any person	19a 19b 20a 20b 20c 21 on for the purpose of soliciting contributions
0		name and add	uress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Α.	Full Name (Last, First, Middle Initial) William Benstson			Date of Receipt
	Mailing Address 319 Laurens Street SW City	Unit A3 State	Zip Code	10 / 02 / 2007
	Aiken	SC	29081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	Name of Employer Unknown	Occupatio Unknowr		Contribution
	Receipt For: 2008  X Primary General Other (specify) ▼		Cycle-to-Date ▼ 30.00	
_				Transaction ID: SA17A.7027
В.	Full Name (Last, First, Middle Initial) Dennis J. Bonavita Mailing Address			Date of Receipt
	2319 Caldwell Corners Road			10 02 2007
	City	State	Zip Code	
	Brookville	PA	15825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer McLean	Occupatio Writer		Contribution
	Receipt For: 2008  X Primary General	Election C	Cycle-to-Date ▼	_
	X Primary General Other (specify) ▼		25.00	
			0 0 0 0 0 0	Transaction ID: SA17A.7034
с.	Full Name (Last, First, Middle Initial) Stuart King			Date of Receipt
	Mailing Address 2703 Summerhill Lane			10 03 YYYYY 2007
	City	State	Zip Code	., , , , , , , , , , , , , , , , , , ,
	<u>Champaign</u>	IL	61822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer Christie Clinic, PC	Occupatio Physicial		Contribution
	Receipt For: 2008	Election C	Cycle-to-Date ▼	
	X Primary General Other (specify) ▼		100.00	Transaction ID: SA17A.7043
	SUBTOTAL of Receipts This Page (optional)			145.00
1	<b>FOTAL</b> This Period (last page this line number of	nly)		

# SCHEDULE A (FEC Form 3P)

SCHEDULE A (FEC Form 3P	occ coparate conteatio(c)	FOR LINE NUMBER: PAGE 5 / 89 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	16 x 17a 17b 17c 17d 1 19a 19b 20a 20b 20c 2
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perso he name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial) Ronald S. Knopf		Date of Receipt
Mailing Address 227 Midland Avenue City	State Zip Code	10 02 7 2007
Findlay	OH 45840	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1.00
Name of Employer The University of Findlay	Occupation Director - Web & Technology Services	Contribution
Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 1.00	
Full Name (Last First Middle Initial)		Transaction ID: SA17A.7035
Full Name (Last, First, Middle Initial) Timothy McMaster Mailing Address		Date of Receipt
225 East Butter Road	7: 0 1	10 03 2007
City York	State Zip Code PA 17404	Amount of Fook Possint this Povied
FEC ID number of contributing federal political committee.	17404	Amount of Each Receipt this Period  10.00
Name of Employer ABET, Inc.	Occupation IT Manager	Contribution
Receipt For: 2008  X Primary General  Other (specify)	Election Cycle-to-Date ▼ 10.00	
Curer (specify)		Transaction ID: SA17A.7041
Full Name (Last, First, Middle Initial) Timothy McMaster		Date of Receipt
Mailing Address 225 East Butter Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	
York  FEC ID number of contributing federal political committee.	PA 17404	Amount of Each Receipt this Period  10.00
Name of Employer ABET, Inc.	Occupation IT Manager	Contribution
Receipt For: 2008  X Primary General	Election Cycle-to-Date ▼	1
Other (specify)	20.00	Transaction ID: SA17A.7045
SUBTOTAL of Receipts This Page (optional)		21.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numb		2

	SCHEDULE A (FEC Form 3P) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 89 (check only one)  16
	Any information copied from such Reports and Stor for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Α.	Full Name (Last, First, Middle Initial) Clayton Pippenger			Date of Receipt
	Mailing Address 1645 Maple Creek Lane			10 09 2007
	City	State	Zip Code	
	Carson City	NV	89701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0		100.00
	Name of Employer Navellier	Occupation CTIO	n	Contribution
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Sycle-to-Date ▼ 100.00	Transaction ID: SA17A 7040

SUBTOTAL of Receipts This Page (optional)	•	100.00
TOTAL This Period (last page this line number only)	<u> </u>	266.00

	SCHEDULE A (FEC Form 3P) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 89 (check only one)  16 17a 17b 17c 17d 18 X 19a 19b 20a 20b 20c 21
A	Any information copied from such Reports and Sor for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Α.	Full Name (Last, First, Middle Initial) John H. Cox			Date of Receipt
	Mailing Address 55 East Erie			10 02 7 2007
	City	State	Zip Code	
	<u>Chicago</u>	<u> </u>	60611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20000.00
	Name of Employer	Occupatio	n	
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1045000.00	Transaction ID: SA19A.7036
- В.	Full Name (Last, First, Middle Initial) John H. Cox			Date of Receipt
	Mailing Address 55 East Erie			1 1 0 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	Chicago	IL	60611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			10000.00
	Name of Employer	Occupatio	n	
	Receipt For: 2008  X Primary General  Other (specify) ▼	, ,	Cycle-to-Date ▼ 1055000.00	

SUBTOTAL of Receipts This Page (optional)	•	30000.00
TOTAL This Period (last page this line number only)	<u> </u>	30000.00

Transaction ID:

SA19A.7037

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 89 (check only one)  16 17a 17b 17c 17d 18 19a 19b X 20a 20b 20c 21
Any information copied from such Reports and States or for commercial purposes, other than using the name	person for the purpose of soliciting contributions ee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
Full Name (Last, First, Middle Initial) Public Service of New Hampshire		Date of Receipt
Mailing Address PO Box 360		11 DDD / Y Y Y Y Y Y Y Z D D 7
City	State Zip Code	
Manchester	NH 03105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		492.83
Name of Employer	Occupation	Return of deposit
Receipt For: 2008  X Primary General Other (specify)	Election Cycle-to-Date ▼ 492.83	Transaction ID: SA20A 7013

		492.83
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	<b>•</b>	492.83

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 89 (check only one)  16 17a 17b 17c 17d 18 19a 19b 20a 20b 20c X 21	
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Α.	Full Name (Last, First, Middle Initial) Garrett for Senate Committee			Date of Receipt
	Mailing Address Post Office Box 505			10 12 2007
	City	State	Zip Code	
	Indianola	IA	50125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.				500.00
	Name of Employer	Occupation	n	Reim. don. to Mitchell Ct- y. Rep. by Cox
	Receipt For: 2008  X Primary General  Other (specify)	Election C	Sycle-to-Date ▼ 500.00	Transaction ID: SA21 7032

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	<u> </u>	500.00

В.

C.

## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 10/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7019 Steve Adcock Date of Disbursement 15 1<sup>™</sup>0 2007 Mailing Address 101 North Wilmot Suite 400 City State Zip Code Amount of Each Disbursement this Period ΑZ 85711 Tuscon 250.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7020 Steve Adcock Date of Disbursement <sup>™</sup>0 3 1 2007 Mailing Address 101 North Wilmot Suite 400 City State Zip Code Amount of Each Disbursement this Period Tuscon ΑZ 85711 87.50 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6959 Date of Disbursement 05 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period Roseland NJ 07068 72.70 Purpose of Disbursement Payroll services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 410.20 SUBTOTAL of Disbursements This Page (optional) ...  $\triangleright$ 

FE1AN060.PDF FEC Schedule B ( Form 3P)

В.

C.

SCHEDULE B (FEC Form 3P)	Llas concrete achadula(a)	FOR LINE	NUMBER: PAGE 11 / 89
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	24 25 26 27a
Any Information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	o name and address of any pointed.		
COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) ADP			Transaction ID: SB23.6960 Date of Disbursement
Mailing Address 1 ADP Boulevard			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Roseland	State Zip Code NJ 07068		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll services		101	84.00
Candidate Name John H. Cox		Category/ Type	
Senate X President	sbursement For: Primary General Other (specify)		
State: District: 02			
Full Name (Last, First, Middle Initial) ADP			Transaction ID: SB23.7010 Date of Disbursement
Mailing Address 1 ADP Boulevard			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} M & N \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City Roseland	State Zip Code NJ 07068		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll taxes		101	194.90
Candidate Name John H. Cox		Category/ Type	
Senate X President	sbursement For: Primary General Other (specify)		
State: District: 02  Full Name (Last, First, Middle Initial)			
ADP			Transaction ID: SB23.6961 Date of Disbursement
Mailing Address 1 ADP Boulevard			10 M / D D / Y Y Y O O 7 Y
City Roseland	State Zip Code NJ 07068		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll services		101	72.70
Candidate Name John H. Cox		Category/ Type	
Office Sought:  Senate  X President  State:  Diagram of the property of the pr	sbursement For: Primary General Other (specify)		
	· · · · · · · · · · · · · · · · · · ·		351.60
SUBTOTAL of Disbursements This Page (opt	ional)	<u>\</u>	331.00
TOTAL This Period (last page this line number	r only)	<b>&gt;</b>	

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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 12/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6962 ADP Date of Disbursement 26 1<sup>™</sup>0 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period NJ 07068 Roseland 78.00 Purpose of Disbursement Payroll services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7011 **ADP** Date of Disbursement <sup>™</sup>0 3 1 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period 07068 Roseland NJ 194.90 Purpose of Disbursement Payroll taxes 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7073 Date of Disbursement 0 2 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period Roseland NJ 07068 13.00 Purpose of Disbursement Services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 285.90 SUBTOTAL of Disbursements This Page (optional) ...  $\triangleright$ 

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### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 13/89 Use separate schedule(s) (check only one) for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6956 ADP Date of Disbursement 0 9้ 1 1 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period NJ 07068 Roseland 72.70 Purpose of Disbursement Services 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6957 **ADP** Date of Disbursement 2 3 2007 Mailing Address 1 ADP Boulevard City State Zip Code Amount of Each Disbursement this Period 07068 Roseland NJ 28.00 Purpose of Disbursement Services 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6963 Al's Music Date of Disbursement 03 2007 Mailing Address Post Office Box 742 City State Zip Code Amount of Each Disbursement this Period Ames IΑ 50010 120.00 Purpose of Disbursement Entertainment 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 220.70 SUBTOTAL of Disbursements This Page (optional) ...  $\triangleright$ 

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### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 14/89 Use separate schedule(s) (check only one) for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6846 Artic Glacier Ice Date of Disbursement 0 1 1<sup>™</sup>0 2007 Mailing Address 2101 Pullman Street City State Zip Code Amount of Each Disbursement this Period 50010 Ames IΑ 281.00 Purpose of Disbursement 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6973 Danny Carlton Date of Disbursement 13 1<sup>™</sup>0 2007 Mailing Address 19724 East Pine #149 City State Zip Code Amount of Each Disbursement this Period 74017 Catoosa OK 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6974 Danny Carlton Date of Disbursement 3 1 2007 Mailing Address 19724 East Pine #149 City State Zip Code Amount of Each Disbursement this Period Catoosa OK 74017 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 381.00 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 15/89 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6964 Center for Aging Citizens, Inc. Date of Disbursement 0 3้ 1<sup>™</sup>0 2007 Mailing Address City State Zip Code Amount of Each Disbursement this Period 500.00 Purpose of Disbursement Donation 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7075 Chase Bank Date of Disbursement <sup>™</sup>0 05 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period 60067 Palatine IL 12.00 Purpose of Disbursement Wire charges 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7076 Chase Bank Date of Disbursement 05 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60067 12.00 Purpose of Disbursement Wire charges 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

524.00 SUBTOTAL of Disbursements This Page (optional) ...  $\triangleright$ TOTAL This Period (last page this line number only) ...... 

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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 16/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7078 Chase Bank Date of Disbursement 05 1<sup>™</sup>0 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period Palatine IL 60067 12.00 Purpose of Disbursement Wire fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7079 Chase Bank Date of Disbursement 3 1 1<sup>™</sup>0 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period 60067 Palatine IL 12.00 Purpose of Disbursement Wire fees 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7016 Chase Bank Date of Disbursement 05 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60067 160.00 Purpose of Disbursement Various banking fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 184.00

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### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 17/89 Use separate schedule(s) (check only one) for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7008 Chase Bank Date of Disbursement 1 2 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period Palatine IL 60067 12.00 Purpose of Disbursement Wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7009 Chase Bank Date of Disbursement 15 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period 60067 Palatine IL 12.00 Purpose of Disbursement Wire fee 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7081 Chase Bank Date of Disbursement 03 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period **Palatine** IL 60067 12.00 Purpose of Disbursement Wire fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

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TOTAL This Period (last page this line number only) ......

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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 18 / 89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7082 Chase Bank Date of Disbursement 14 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period Palatine 60067 IL 12.00 Purpose of Disbursement Wire fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7083 Chase Bank Date of Disbursement 3 1 2007 Mailing Address 825 West Euclid City State Zip Code Amount of Each Disbursement this Period 60067 Palatine IL 12.00 Purpose of Disbursement Wire fees 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6966 Colby Trust Date of Disbursement 0 1 2007 Mailing Address 6581 University Avenue City State Zip Code Amount of Each Disbursement this Period Des Moines IΑ 50311 1176.82 Purpose of Disbursement Rent - Iowa office - October 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 1200.82 SUBTOTAL of Disbursements This Page (optional) ...  $\triangleright$ 

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	FOR LINE		PAGE 19/89		
ITEMIZED DISBURSEMENTS	for each category of the	(check only	-	26 🔲 27a		
	Detailed Summary Page	27b		28c 29		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC						
Full Name (Last, First, Middle Initial)			Transaction ID: CD:	22 6067		
Colby Trust			Transaction ID: SB2 Date of Disbursemen	nt		
Mailing Address 6581 University Avenue			1 0 3 1	YŽOĎ7		
•	State Zip Code IA 50311		Amount of Each Disk	oursement this Period		
Purpose of Disbursement Utilities - September and October		101		55.42		
Candidate Name John H. Cox		Category/ Type				
Office Sought: House Disburser Senate X President	ment For: Primary General Other (specify)					
State: District: 02						
Full Name (Last, First, Middle Initial) Comcast			Transaction ID: SB2 Date of Disbursemen			
Mailing Address 4400 Belle Oakes Drive			10 / 31	<sup>'</sup> <sup>Y</sup> <sup>Y</sup> 2 0 0 7 <sup>Y</sup>		
,	State Zip Code SC 29405		Amount of Each Disk	oursement this Period		
Purpose of Disbursement Cable service		101		157.35		
Candidate Name John H. Cox		Category/ Type				
Office Sought: House Disburser Senate X President	ment For: Primary General Other (specify) ▼					
State: District: 02  Full Name (Last, First, Middle Initial)						
Comfort Inn			Transaction ID: SB2 Date of Disbursemen	nt		
Mailing Address 2609 University Avenue			10 0 1	Y ŽOĎ7		
	State Zip Code IA 50010		Amount of Each Disk	oursement this Period		
Purpose of Disbursement Lodging		101		403.16		
Candidate Name John H. Cox		Category/ Type				
Office Sought: House Disbursel	Primary General					
X President State: District: 02	Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		615.93		

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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 20/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7047 Complete Campaigns.com Date of Disbursement 0 2 1<sup>™</sup>0 2007 Mailing Address 610 Gateway Center Way Suite K City State Zip Code Amount of Each Disbursement this Period San Diego 92102 CA 1.95 Purpose of Disbursement Fundraising fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7048 Complete Campaigns.com Date of Disbursement 1<sup>™</sup>0 0 9 2007 Mailing Address 610 Gateway Center Way Suite K City State Zip Code Amount of Each Disbursement this Period San Diego 92102 CA 15.75 Purpose of Disbursement Fundraising fees 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6852 Federal Express Date of Disbursement 0 1 2007 Mailing Address 1 Federal Express Drive City State Zip Code Amount of Each Disbursement this Period Nashville TN 39240 33.06 Purpose of Disbursement Overnight Delivery 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 50.76 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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## SCHEDULE B (FEC Form 3P)

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TOTAL This Period (last page this line number only) .....

FOR LINE NUMBER: PAGE 21/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6393 Gee Willie Entertainment Date of Disbursement 0 1 1<sup>™</sup>0 2007 Mailing Address Post Office Box 881 City State Zip Code Amount of Each Disbursement this Period 50010 Ames IΑ 238.50 Purpose of Disbursement Iowa Straw Poll - Entertainment 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6953 Adam Graham Date of Disbursement 13 1<sup>™</sup>0 2007 Mailing Address 2834 Abbs Lane City State Zip Code Amount of Each Disbursement this Period Boise ID 83705 100.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6955 Adam Graham Date of Disbursement 3 1 2007 Mailing Address 2834 Abbs Lane City State Zip Code Amount of Each Disbursement this Period Boise ID 83705 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 388.50

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SCHEDULE B (FEC Form 3P) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 23 27b	NUMBER: PAGE 22 / 89 / one) 24 25 26 27a 28a 28b 28c 29
Any Information copied from such Reports and St or for commercial purposes, other than using the r		by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Stacy Harp Mailing Address 4315 West Chapman	Avenue		Transaction ID: SB23.7017 Date of Disbursement  10 13 2007
City Orange Purpose of Disbursement Salary Candidate Name	State Zip Code CA 92868	101 Category/	Amount of Each Disbursement this Period 100.00
John H. Cox	ursement For: Primary General Other (specify)	Type	
Full Name (Last, First, Middle Initial) Stacy Harp  Mailing Address 4315 West Chapman	Avenue		Transaction ID: SB23.7018 Date of Disbursement  M M M / D 3 1 / Y Y Y O 7 7
City Orange Purpose of Disbursement Salary Candidate Name John H. Cox	State Zip Code CA 92868	101 Category/ Type	Amount of Each Disbursement this Period 50.00
Office Sought:    House   Disb     Senate       X President     State: District: 02	ursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Linda Harrington  Mailing Address 2421 - 106th Street			Transaction ID: SB23.6995 Date of Disbursement
City Albion Purpose of Disbursement Salary Candidate Name John H. Cox Office Sought: House Senate X President	State Zip Code IA 50005	101 Category/ Type	Amount of Each Disbursement this Period 500.00
State: District: 02			650.00
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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 23 / 89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6996 Linda Harrington Date of Disbursement 3 Ŏ 1<sup>™</sup>0 2007 Mailing Address 2421 - 106th Street City State Zip Code Amount of Each Disbursement this Period Albion 50005 IΑ 500.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6998 Linda Harrington Date of Disbursement 2007 Mailing Address 2421 - 106th Street City State Zip Code Amount of Each Disbursement this Period 50005 Albion IΑ 500.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6999 Linda Harrington Date of Disbursement 30 2007 Mailing Address 2421 - 106th Street City State Zip Code Amount of Each Disbursement this Period Albion IΑ 50005 500.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 1500.00 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	FOR LINE	
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	Detailed Summary Page	X 23 27b	24 25 26 27a 28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		d by any person fo	
NAME OF COMMITTEE (In Full)			
COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.7001
Linda Harrington			Date of Disbursement
Mailing Address 2421 - 106th Street			$ \begin{bmatrix} M & M \\ 1 & 2 \end{bmatrix} \begin{bmatrix} D & 3 & 1 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
	State Zip Code		Amount of Each Disbursement this Period
Albion	IA 50005		500.00
Purpose of Disbursement Salary		101	000.00
Candidate Name John H. Cox		Category/ Type	
Office Sought: House Disburse	ment For:		
Senate	Primary General		
x President State: District: 02	Other (specify)		
Full Name (Last, First, Middle Initial)			Tuespection ID: CD00 7051
Iowa Events Center			Transaction ID: SB23.7051 Date of Disbursement
			10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 730 3rd Street			10 30 2007
City Des Moines	State Zip Code IA 50309		Amount of Each Disbursement this Period
Purpose of Disbursement Reagan Dinner Reception Hosting		101	272.60
Candidate Name		Category/	
John H. Cox		Туре	
Office Sought: House Disburse Senate	ement For:  Primary General		
X President	Primary General Other (specify) ▼		
State: District: 02	Carior (opposity)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.6993
Lennie Jarrett			Date of Disbursement
Mailing Address 2306 North Tedy Lane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix} $
	State Zip Code		Amount of Each Disbursement this Period
Round Lake Beach	IL 60073		100.00
Purpose of Disbursement Salary		101	100.00
Candidate Name John H. Cox		Category/ Type	
	ment For:	. 750	
Senate	Primary General		
X President	Other (specify) ▼		
State: District: 02			
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SUBTOTAL of Disbursements This Page (optional)		······	0,2100

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### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 25/89 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6994 Lennie Jarrett Date of Disbursement 3 1้ 1<sup>™</sup>0 2007 Mailing Address 2306 North Tedy Lane Citv State Zip Code Amount of Each Disbursement this Period Round Lake Beach 60073 IL 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7003 Martin E Janis & Company Inc Date of Disbursement зŏ 2007 Mailing Address 625 North Michigan Ave Suite 420 City State Zip Code Amount of Each Disbursement this Period Chicago IL 60611 70.09 Purpose of Disbursement Office expense reimbursement 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7005 Martin E Janis & Company Inc Date of Disbursement 2007 Mailing Address 625 North Michigan Ave Suite 420 City State Zip Code Amount of Each Disbursement this Period Chicago IL 60611 1500.00 Purpose of Disbursement Publicity 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 1620.09

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### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 26 / 89 Use separate schedule(s) (check only one) for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6979 Kimberly McClendon Date of Disbursement 15 2007 Mailing Address 14500 Roadrunner Way City State Zip Code Amount of Each Disbursement this Period San Antonio TX 78249 375.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6981 Kimberly McClendon Date of Disbursement 3 1 1<sup>™</sup>0 2007 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period 78249 San Antonio TX 375.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6983 Kimberly McClendon Date of Disbursement 2007 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period San Antonio TX 78249 -12.00Purpose of Disbursement Salary - wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 738.00 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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TOTAL This Period (last page this line number only) ......

FEC Schedule B ( Form 3P)

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SCHEDULE B (FEC Form 3P) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only X 23 27b	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		d by any person fo	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) Kimberly McClendon			Transaction ID: SB23.6984 Date of Disbursement
Mailing Address 14500 Roadrunner Way #401			111 D 15 / Y Y Y Y Y
City San Antonio	State Zip Code TX 78249		Amount of Each Disbursement this Period
Purpose of Disbursement Salary  Candidate Name John H. Cox  Office Sought:  House Senate X President State:  District: 02	ement For: Primary General Other (specify) ▼	101 Category/ Type	375.00
Full Name (Last, First, Middle Initial) Kimberly McClendon  Mailing Address 14500 Roadrunner Way #401			Transaction ID: SB23.6985 Date of Disbursement  M M M / D D D / Y Y Y O Y Y  1 1 5 / Y Y O Y Y
City San Antonio	State Zip Code TX 78249		Amount of Each Disbursement this Period
Purpose of Disbursement Salary - wire fee  Candidate Name John H. Cox  Office Sought: House Disburs Senate X President State: District: 02	ement For: Primary General Other (specify)	101 Category/ Type	-12.00
Full Name (Last, First, Middle Initial) Kimberly McClendon  Mailing Address 14500 Roadrunner Way			Transaction ID: SB23.6986 Date of Disbursement
#401 City San Antonio	State Zip Code TX 78249		Amount of Each Disbursement this Period
Purpose of Disbursement Salary Candidate Name John H. Cox		101 Category/ Type	375.00
Office Sought:  Senate  X President  State:  Disburs  Disburs	ement For: Primary General Other (specify)		
SURTOTAL of Dichursements This Page (ontional)		<b>.</b>	738.00

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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 28 / 89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6987 Kimberly McClendon Date of Disbursement 0 3้ **1** 2 2007 Mailing Address 14500 Roadrunner Way City State Zip Code Amount of Each Disbursement this Period San Antonio TX 78249 -12.00Purpose of Disbursement Salary - wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6988 Kimberly McClendon Date of Disbursement 14 2007 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period 78249 San Antonio TX 375.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6989 Kimberly McClendon Date of Disbursement 2007 Mailing Address 14500 Roadrunner Way #401 City State Zip Code Amount of Each Disbursement this Period San Antonio TX 78249 -12.00Purpose of Disbursement Salary - wire fee 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 351.00 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	FOR LINE I		
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	Detailed Summary Page	X 23 27b	24 25 26 27a 28a 28b 28c 29	
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NAME OF COMMITTEE (In Full)				_
COX 2008 COMMITTEE INC				
Full Name (Last, First, Middle Initial) Kimberly McClendon			Transaction ID: SB23.6990 Date of Disbursement	
-			M M / D D / V V V	
Mailing Address 14500 Roadrunner Way #401			12 31 2007	
	State Zip Code TX 78249		Amount of Each Disbursement this Period	
Purpose of Disbursement Salary		101	375.00	
Candidate Name John H. Cox		Category/ Type		
Office Sought: House Senate X President	ment For: Primary General Other (specify)			
State: District: 02				_
Full Name (Last, First, Middle Initial) Kimberly McClendon			Transaction ID: SB23.6991 Date of Disbursement	
Mailing Address 14500 Roadrunner Way #401			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & J \\ 3 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$	
•	State Zip Code TX 78249		Amount of Each Disbursement this Period	1
Purpose of Disbursement Salary - wire fee		101	-12.00	
Candidate Name John H. Cox		Category/ Type		
Office Sought:  House Senate X President State: District: 02	ment For: Primary General Other (specify)	71-1		
State: District: 02  Full Name (Last, First, Middle Initial)				
Microtel Inn and Suites			Transaction ID: SB23.6844 Date of Disbursement	
Mailing Address 2216 Street 16th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & I \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & T \end{smallmatrix} \end{bmatrix}$	
	State Zip Code IA 50010		Amount of Each Disbursement this Period	_
Purpose of Disbursement Lodging		101	2048.38	
Candidate Name John H. Cox		Category/ Type		
Office Sought: House Disburser Senate X President	ment For: Primary General Other (specify)			
State: District: 02	Cities (Specify)			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	2411.38	

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	,	FOR LI	NE NUMBE	R:		Р	AGE	30 / 89	
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	Detailed Summary Page	ll-	X 23 27b	24 28a	25 28b	,	26 28c	.  -	27a 29	
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
COX 2008 COMMITTEE INC										
Full Name (Last, First, Middle Initial) New Hampshire Secretary of State					saction I of Disbur		-	7006		
Mailing Address State House Room 204				1 <sup>M</sup> 0	M / E	3 1	D /	Y 2	007	
City	State Zip Code NH 03301			Amou	unt of Ead	ch C	Disburs	emer	t this Period	
Purpose of Disbursement Filing fee - 2008 Primary			101	L.		_		1	000.00	
Candidate Name John H. Cox		Ca	tegory/ Type							
Office Sought:  House Senate X President State:  Disburser	ment For: Primary General Other (specify)	•								
Full Name (Last, First, Middle Initial)				Tuend	!	D. C	יחסס ד	7100		
Office of the Attorney General - Employer N	Maintenance				<b>saction I</b> of Disbur		-	/ 136		
Mailing Address Post Office Box 10				10	M / C	13	3 /	Y	007	
•	State Zip Code TX 78767			Amou	unt of Ead	ch C	isburs	emer	t this Period	
Purpose of Disbursement Payroll - Utz			101	L.		•			150.00	
Candidate Name John H. Cox		I _	tegory/ Гуре							
Office Sought:    House   Disburse     Senate     X President     State: District: 02	ment For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial)				Trans	saction I	D: S	SB23.7	7135		
Office of the Attorney General - Employer N	Maintenance				of Disbu	rsen	nent			
Mailing Address Post Office Box 10				111	M / C	1 2	2 /	Ý	2 0 0 7 Y	
•	State Zip Code TX 78767			Amou	unt of Ead	ch C	isburs		t this Period	
Purpose of Disbursement Payroll Utz			101	L.			-		150.00	
Candidate Name John H. Cox			tegory/ Гуре							
Senate X President	ment For: Primary General Other (specify)									
State: District: 02										
SUBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>					13	300.00	

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SCHEDULE B (FEC Form 3P) FOR LINE NUMBER: PAGE 31/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6849 Penske Truck Leasing Date of Disbursement 0 1 1<sup>™</sup>0 2007 Mailing Address 4101 E 14th Street City State Zip Code Amount of Each Disbursement this Period Des Moines 50313 IΑ 246.68 Purpose of Disbursement Truck leasing 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7015 Public Service of New Hampshire Date of Disbursement 2007 Mailing Address PO Box 360 City State Zip Code Amount of Each Disbursement this Period Manchester NH 03105 37.17 Purpose of Disbursement Utilities - New Hampshire 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6189 reimagine Date of Disbursement 10 2007 Mailing Address P2310 Lochinvar Drive City State Zip Code Amount of Each Disbursement this Period Durham NC 27705 1000.00 Purpose of Disbursement Website 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 1283.85 SUBTOTAL of Disbursements This Page (optional) ...  $\triangleright$ 

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SCHEDULE B (FEC Form 3P) TEMIZED DISBURSEMENTS		OR LINE NUMBER: PAGE 32 / 89 check only one) 25 26 27a 27b 28a 28b 28c 29
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
Full Name (Last, First, Middle Initial) reimagine  Mailing Address P2310 Lochinvar Drive		Transaction ID: SB23.7069 Date of Disbursement  10
City Durham Purpose of Disbursement Website	State Zip Code NC 27705	Amount of Each Disbursement this Period
Candidate Name John H. Cox	Cate	ogory/ ppe
Full Name (Last, First, Middle Initial) Rent-A-Center  Mailing Address 222 Lincoln Way		Transaction ID: SB23.6833 Date of Disbursement
City Ames Purpose of Disbursement	State Zip Code IA 50010	Amount of Each Disbursement this Period 1250.00
Deposit and rental  Candidate Name John H. Cox	Cate	01egory/ /pe
Office Sought: House Disburse Senate X President State: District: 02	Primary General Other (specify)	
Full Name (Last, First, Middle Initial) Rent-A-Center		Transaction ID: SB23.6833.0 Date of Disbursement
Mailing Address 222 Lincoln Way		08 10 10 7 2007
City Ames Purpose of Disbursement	State Zip Code IA 50010	Amount of Each Disbursement this Period  1100.00
Deposit  Candidate Name  Office Sought: House Senate President	Cate	pgory/ ppe  [MEMO ITEM]
		2250.00
<b>SUBTOTAL</b> of Disbursements This Page (optional)		ZZ5U.UU

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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 33 / 89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6833.1 Rent-A-Center Date of Disbursement 10 0 8 2007 Mailing Address 222 Lincoln Way City State Zip Code Amount of Each Disbursement this Period 50010 Ames IΑ 150.00 Purpose of Disbursement Rental 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6851 Republican Party of Iowa Date of Disbursement 0 1 1<sup>™</sup>0 2007 Mailing Address 621 East Ninth Street City State Zip Code Amount of Each Disbursement this Period 50309 Des Moines IΑ 850.00 Purpose of Disbursement Straw Poll Tickes - golf cart rental 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7065 Republican Party of Texas Date of Disbursement 3 1 2007 Mailing Address 900 Congress Avenue Suite 300 City State Zip Code Amount of Each Disbursement this Period Austin TX 78701 350.00 Purpose of Disbursement Convention Expenses 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 1200.00 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the	(check only	one) ☐ 24
	Detailed Summary Page	X   23 27b  -	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.6972
Chris Richter			Date of Disbursement
Mailing Address 33 Ashland Street			$ \begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix}  \begin{bmatrix} D & D & D \\ 1 & 5 \end{bmatrix}  \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
	State Zip Code NH 03104		Amount of Each Disbursement this Period
Purpose of Disbursement	1011 03104		881.60
Salary		101	
Candidate Name John H. Cox		Category/ Type	
Office Sought: House Disburse	ment For:	. , , , ,	
Senate	Primary General		
X President	Other (specify)		
State: District: 02  Full Name (Last, First, Middle Initial)			
Chris Richter			Transaction ID: SB23.6969 Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 33 Ashland Street			10 26 2007
•	State Zip Code NH 03104		Amount of Each Disbursement this Period
Purpose of Disbursement			144.24
Telephone reimbursement Candidate Name		101	
John H. Cox		Category/ Type	
Office Sought: House Disburse	ement For:  Primary General		
X President	Primary General Other (specify) ▼		
State: District: 02	( Cpcc)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.6971
Chris Richter			Date of Disbursement
Mailing Address 33 Ashland Street			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	NH 03104	1	881.60
Purpose of Disbursement Salary		101	
Candidate Name John H. Cox		Category/ Type	
· -	ment For:	•	
Senate V. Prosident	Primary General Other (specify)		
X   President	Other (Specify)		
SUBTOTAL of Disbursements This Page (optional)		<u></u>	1907.44

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## SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 35/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.6970 Chris Richter Date of Disbursement 2 2007 Mailing Address 33 Ashland Street City State Zip Code Amount of Each Disbursement this Period NH 03104 Manchester 138.33 Purpose of Disbursement Reimbursements - telephone termination f 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate General Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7067 Riverside Hotel Date of Disbursement 3 1 1<sup>™</sup>0 2007 Mailing Address 620 East Las Olas Boulevard City State Zip Code Amount of Each Disbursement this Period Fort Lauderdale 33301 FL 296.18 Purpose of Disbursement 101 Candidate Name Category/ John H. Cox Туре Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.6975 Joe Speranzella Date of Disbursement 3 1 2007 Mailing Address 26759 Johnson Creek Road City State Zip Code Amount of Each Disbursement this Period Crisfield MD 21817 50.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 484.51 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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SCHEDULE B (FEC Form 3P)	Use separate schedule(s)	FOR LINE N	
ITEMIZED DISBURSEMENTS	for each category of the	(check only o	
	Detailed Summary Page	1 23 27b	24   25   26   27a 28a   28b   28c   29
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.7128
True-South Communications SC LLC			Date of Disbursement
Mailing Address 116 Golden Crest Court			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	SC 29662		2000.00
Purpose of Disbursement Payroll		101	2000.00
Candidate Name John H. Cox		Category/	
Office Sought: House Disburser	ment For:	71	
	Primary General		
X President State: District: 02	Other (specify)		
State: District: 02  Full Name (Last, First, Middle Initial)			
True-South Communications SC LLC			Transaction ID: SB23.7128.0 Date of Disbursement
Mailing Address 116 Golden Crest Court			10 M / D 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code SC 29662		Amount of Each Disbursement this Period
Purpose of Disbursement	29002		2000.00
Salary		101	
Candidate Name		Category/	
John H. Cox		Туре	[MEMO ITEM]
Office Sought: House Disburser Senate			[=
X President	Primary General Other (specify) ▼		
State: District: 02	Care (openity)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.7128.1
True-South Communications SC LLC			Date of Disbursement
Mailing Address 116 Golden Crest Court			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	SC 29662		-12.00
Purpose of Disbursement Wire fee		101	12.00
Candidate Name		Category/	
John H. Cox		Type	[MEMO ITEM]
Office Sought: House Disburser			
Senate  X President	Primary General Other (specify) ▼		
State: District: 02	Other (Specify)		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	2000.00

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### SCHEDULE B (FEC Form 3P)

FOR LINE NUMBER: PAGE 37/89 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7129 True-South Communications SC LLC Date of Disbursement 0 2 1 1 2007 Mailing Address 116 Golden Crest Court City State Zip Code Amount of Each Disbursement this Period Mauldin SC 29662 2313.14 Purpose of Disbursement Salary and expense reimbursement 101 Candidate Name Category/ John H. Cox Type Office Sought: House Disbursement For: General Senate Primary χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7129.0 True-South Communications SC LLC Date of Disbursement 0 2 2007 Mailing Address 116 Golden Crest Court City State Zip Code Amount of Each Disbursement this Period Mauldin SC 29662 2000.00 Purpose of Disbursement Salary 101 Candidate Name Category/ John H. Cox Туре [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7129.1 True-South Communications SC LLC Date of Disbursement 0 2 2007 Mailing Address 116 Golden Crest Court City State Zip Code Amount of Each Disbursement this Period Mauldin SC 29662 -12.00Purpose of Disbursement Wire fee 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02 2313.14

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SCHEDULE B (FEC Form 3P) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 23 27b	NUMBER: PAGE 38 / 89 y one)  24
Any Information copied from such Reports and States or for commercial purposes, other than using the name		by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
Full Name (Last, First, Middle Initial) SunCom Wireless			Transaction ID: SB23.7129.2 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Post Office Box 190028  City Charleston	State Zip Code SC 29419		Amount of Each Disbursement this Period
Purpose of Disbursement Telephone service Candidate Name John H. Cox Office Sought: House Senate X President State: District: 02	ement For: Primary General Other (specify)	101 Category/ Type	325.14 [MEMO ITEM]
Full Name (Last, First, Middle Initial) True-South Communications SC LLC  Mailing Address 116 Golden Crest Court			Transaction ID: SB23.7097 Date of Disbursement
City Mauldin  Purpose of Disbursement Office expenses  Candidate Name John H. Cox  Office Sought:  House Senate X President State: District: 02	State Zip Code SC 29662  ement For: Primary General Other (specify)	101 Category/ Type	Amount of Each Disbursement this Period 1008.09
Full Name (Last, First, Middle Initial) FedEx Kinko's  Mailing Address 550 Woods Lake Road			Transaction ID: SB23.7097.0 Date of Disbursement  O 9
City Greenville  Purpose of Disbursement Photocopies  Candidate Name John H. Cox  Office Sought:  House Senate X President State:  District: 02	State Zip Code SC 29607  ement For: Primary General Other (specify)	101 Category/ Type	Amount of Each Disbursement this Period 67.84  [MEMO ITEM]
SURTOTAL of Dishursements This Page (ontional)			1008.09

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S	SCHEDULE B (FEC Form 3P)	Use separate schedule(s)				NUMBE	ER:			PA	GE	39 / 89
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	ny Information copied from such Reports and Statem r for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	71										
A.	Full Name (Last, First, Middle Initial) Office Depot - Greenville							ion ID:		323.70 ent	097.	1
	Mailing Address 101 Verdae Boulevard #1000					0 <sup>M</sup> 9	М	/ D 1	1 <b>4</b>	/ Y	ž	0 0 7 Y
	Greenville	State Zip Code SC 29607				Amo	unt o	f Each	n Dis	burse		this Period 57.19
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	John H. Cox	ement For: Primary General Other (specify)		Type	·	[MEN	IO I	TEM]	I			
В.	Full Name (Last, First, Middle Initial) FedEx Kinko's					Date	of D	isburs	eme	323.70 ent		
	Mailing Address 550 Woods Lake Road					0 <sup>M</sup> 9	М	/ D 1	1 <b>4</b>	/ Y	ž	0 0 7 Y
		State Zip Code SC 29607				Amoi	unt o	f Each	Dis	burse		this Period
	Purpose of Disbursement Business cards Candidate Name John H. Cox		Са	101 ategoi Type	ry/	L.					•	90.03
	Office Sought:    House   Disburse	ement For: Primary General Other (specify)				- [MEN	ло і	TEM)				
C.	Full Name (Last, First, Middle Initial) FedEx Kinko's - Greenville, SC					Date	of D	isburs	eme	323.70 ent		
	Mailing Address 845 Mauldin Road					0 <sup>M</sup> 9	М	<sup>/</sup> 2	25	/ L	ž	0 0 7 Y
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	Office Sought: House Disburse  Senate  X President  State: District: 02	ement For: Primary General Other (specify)						-				
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#### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: PAGE 40/89 Use separate schedule(s) (check only one) for each category of the 23 25 27a Detailed Summary Page 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.4 **Nathans** Date of Disbursement 16 0 9 2007 Mailing Address One Airport Drive City State Zip Code Amount of Each Disbursement this Period Charlotte NC 28208 5.50 Purpose of Disbursement Lunch 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: Disbursement For: House Senate Primary General χ President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.5 Grillfish/Crust Date of Disbursement 16 0 9 2007 Mailing Address 1444 Collins Avenue City State Zip Code Amount of Each Disbursement this Period FL 33139 Miami 47.24 Purpose of Disbursement Dinner 101 Candidate Name Category/ John H. Cox Туре [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: 02 State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.7097.6 Date of Disbursement Big City 2007 Mailing Address 609 East Las Olas Boulevard City State Zip Code Amount of Each Disbursement this Period Fort Lauderdale FL 33301 6.36 Purpose of Disbursement Lunch 101 Candidate Name Category/ John H. Cox Type [MEMO ITEM] Office Sought: House Disbursement For: Senate Primary General χ President Other (specify) State: District: 02

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### SCHEDULE B (FEC Form 3P)

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#### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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### SCHEDULE B (FEC Form 3P)

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#### SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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### SCHEDULE B (FEC Form 3P)

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#### ITEMIZED DISBURSEMENTS

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Telephone service Candidate Name John H. Cox  Office Sought:				Amount of Each D	
John H. Cox  Office Sought:	Telephone service		101		131.11
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Full Name (Last, First, Middle Initial)  Vonage  Mailing Address 23 Main Street  City Holmdel Purpose of Disbursement Telephone service Candidate Name John H. Cox  Office Sought:  District: 02  Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address  502 First Street SE  City Waukon Purpose of Disbursement  I 101 Category/ Type  Transaction ID: SB23.7062  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.7002  Date of Disbursement  I 101 Category/ Type  Transaction ID: SB23.7002  Date of Disbursement  I 101 Category/ Type  Amount of Each Disbursement  I 101 Category/ Type  Office Sought: House Disbursement For: Senate Primary General	Senate	Primary General			
Vonage Date of Disbursement   City State Zip Code   Holmdel NJ 07733    Amount of Each Disbursement  Telephone service  Candidate Name John H. Cox  Office Sought:  House Senate X President State:  District: 02  Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address  502 First Street SE #05  City Waukon IA  52172  Purpose of Disbursement  Reimbursement  Candidate Name John H. Cox  Office Sought:  House  Firmary  General  Other (specify)  Transaction ID: SB23.7002  Date of Disbursement  In the second of Disbursement  In					
City				Date of Disbursen	nent
Purpose of Disbursement Telephone service Candidate Name John H. Cox  Office Sought: House Senate Name Senate Senate House State: District: 02  Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address 502 First Street SE  City State Zip Code Waukon IA 52172  Purpose of Disbursement Reimbursement Candidate Name John H. Cox  Office Sought: House Disbursement For: Senate Primary General  Transaction ID: SB23.7002 Date of Disbursement  Moderohe Date of Disbursement  101 Category/ Type  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General	Mailing Address 23 Main Street			111 22	2 7 2007
Purpose of Disbursement Telephone service  Candidate Name John H. Cox  Office Sought: House Senate X President State: District: 02  Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address 502 First Street SE  #05  City Waukon  State  State  State  State  State  State  State  Transaction ID: SB23.7002 Date of Disbursement  101  101  101  101  101  101  101  1				Amount of Each D	Disbursement this Per
Candidate Name John H. Cox  Office Sought: House Senate X President State: District: 02  Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address 502 First Street SE #05  City Waukon  Purpose of Disbursement Reimbursement Reimbursement Candidate Name John H. Cox  Office Sought: House Disbursement For:  Cartegory/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Disbursement For: Senate  Disbursement For: Senate  Category/ Type  Category/ Type			101		98.52
Office Sought: House Senate X President State: District: 02  Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address 502 First Street SE #05  City State Zip Code Waukon IA 52172  Purpose of Disbursement Reimbursement Reimbursement Candidate Name John H. Cox  Office Sought: House Senate Primary General  Disbursement For: Senate Primary General			Category/		
Full Name (Last, First, Middle Initial) Mark Vonderohe  Mailing Address 502 First Street SE  Mailing Address 502 First Street SE  City State Zip Code Waukon IA 52172  Purpose of Disbursement Reimbursement Candidate Name John H. Cox  Office Sought: House Disbursement For: Senate Primary General	Senate	Primary General			
Mark Vonderohe  Mailing Address 502 First Street SE  #05  City State Zip Code Waukon IA 52172  Purpose of Disbursement Reimbursement Candidate Name John H. Cox  Office Sought: House Disbursement For: Senate Primary General					
Mailing Address 502 First Street SE #05  City State Zip Code Waukon IA 52172  Purpose of Disbursement Reimbursement  Candidate Name John H. Cox  Office Sought: House Disbursement Primary General				Date of Disbursen	nent
Waukon IA 52172  Purpose of Disbursement Reimbursement  Candidate Name John H. Cox  Office Sought: House Disbursement For: Senate Primary General				10 7 22	2 7 2007
Reimbursement  Candidate Name John H. Cox  Office Sought:  Disbursement For: Senate  Disbursement For: General				Amount of Each D	Disbursement this Per
John H. Cox  Office Sought:  Disbursement For: Senate  Primary  General			101		34.22
Senate Primary General					
V President I (Other (specify) =					
State: District: 02		Other (Specify) \			
	OTAL This Period (last page this line number	only)			31422.84

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OANS	for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4100		
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election:  X Primary  General		
Mailing Address 55 East Erie	Other (specify)		
City Chicago State IL ZIP Co	ode 60611		
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period		
25000.00	0.00 25000.00		
TERMS  Date Incurred  Date Due	Interest Rate Secured:		
M M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	25000.00		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.		

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER:  (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4101
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox  Mailing Address 55 East Erie	Election:  X Primary  General  Other (specify)
City Chicago State IL ZIP C	Code 60611
Original Amount of Loan  Cumulative Payment T	
15000.00	0.00 15000.00
Date Incurred Date Due	Interest Rate Secured:
0 3 D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 19a 19b			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4429			
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election:  X Primary General			
Mailing Address 55 East Erie	Other (specify)			
City Chicago State IL ZIF	P Code 60611			
Original Amount of Loan Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period			
10000.00	0.00 10000.00			
TERMS Date Incurred Date Due	e Interest Rate Secured:			
M M D D D 2 0 0 6 12/31/2008	5.1 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.			

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OANS	for each category of the Check only one FOR LINE NUMBER: X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.4432  Election:  X Primary  General
Mailing Address 55 East Erie	Other (specify) ▼
City Chicago State IL	ZIP Code 60611
Original Amount of Loan Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
20000.00	0.00 20000.00
TERMS  Date Incurred  Date	Due Interest Rate Secured:
M M M D D D 2 0 0 6 12/31/2008	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	f no Schedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER:  (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4433
LOAN SOURCE Full Name (Last, First, Middle Initial)  John H. Cox	Election:    X   Primary     General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Co Original Amount of Loan Cumulative Payment To	
20000.00	0.00 Balance Outstanding at Close of This Period
TERMS  Date Incurred  Date Due	Interest Rate Secured:
0 5 1 0 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4434
LOAN SOURCE Full Name (Last, First, Middle Initial)  John H. Cox  Mailing Address 55 Fast Frie	ITans	Election:  X Primary General
00 200. 200		Other (specify)
City Chicago State IL ZIP Coor Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
20000.00	0.00	20000.00
Date Incurred Date Due	Interest R	Rate Secured:
0 5 1 1 2 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	20000.00
TOTALS This Period (last page in this line only)	<b>)</b>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appr	opriate line of Summary.

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LOANS	for each category of the Detailed Summary Page			
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	saction ID: SC/12.4435		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Tran	Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod	le 60611			
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period		
15000.00	0.00	15000.00		
Date Incurred Date Due	Interest F	Rate Secured:		
0 6 2 0 0 6 12/31/08		5.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
Oity State Zii Gode	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
	Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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OANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transa	action ID: SC/12.4457		
LOAN SOURCE Full Name (Last, First, Middle Initial)	E	Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify) ▼		
City Chicago State IL ZIP Coo				
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period		
10000.00	0.00	10000.00		
TERMS Date Incurred Date Due	Interest Ra	te Secured:		
0 7 1 4 2 0 0 6 12/31/08	5	.1 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer			
	Traine or Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
TOTALE THIS T CHEC (LEST page III this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	equie D, carry forward to appro	priate line of Summary.		

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OANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transc	action ID: SC/12.4456		
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:		
John H. Cox		X Primary General		
Mailing Address 55 East Erie		Other (specify)		
City Chicago State IL ZIP Cod				
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period		
15000.00	0.00	15000.00		
TERMS Date Incurred Date Due	Interest Ra	ate Secured:		
0 7 D D 2 8 2 0 0 6 12/31/08	5	% (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount	0 0 0 0 0 0		
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed			
	Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				
	· · · · · · · · · · · · · · · · · · ·	- ·		

Use separate schedule(s)

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LOANS	for each category of the Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full)		1100
COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4458
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	1120	Election:  X Primary  General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod		
Original Amount of Loan Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
15000.00	0.00	15000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 8 1 4 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
State ZIF Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	1 1 1 1 1 1 1
State ZIF Code	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	* * * * * * * *
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	• [	15000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to app	ropriate line of Summary.

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OANS	for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4459
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election:  X Primary  General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Co	ode 60611
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period
15000.00	0.00 15000.00
TERMS  Date Incurred  Date Due	Interest Rate Secured:
M M M D D D 2 8 D 2 0 0 6 T Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	15000.00
TOTALS This Period (last page in this line only)	. 00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forward to appropriate line of Summary.

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OANS	for each category of the Detailed Summary Page  FOR LINE NUMBER:  (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.4460  Election:  X Primary  General
Mailing Address 55 East Erie	Other (specify)
	ZIP Code 60611
Original Amount of Loan Cumulative Payn	nent To Date Balance Outstanding at Close of This Period
20000.00	0.00 20000.00
TERMS  Date Incurred  Date D	Due Interest Rate Secured:
M M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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OANS	for each category of the Detailed Summary Page	7 FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	action ID: SC/12.4461
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election:  X Primary  General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period		
30000.00	0.00	30000.00
TERMS  Date Incurred  Date Due	Interest R	ate Secured:
0 9 2 0 0 6 12/31/08		% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER:  (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4462
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox  Mailing Address 55 East Erie	Election:    X   Primary     General     Other (specify)
	ZID Code COOM
City Chicago State IL  Original Amount of Loan Cumulative Paye	ZIP Code 60611  ment To Date Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
TERMS  Date Incurred  Date I	Due Interest Rate Secured:
0 9 D D 2 8 D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	. 00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 19a 19b	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4782	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
John H. Cox	X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To		
50000.00	0.00 50000.00	
Date Incurred Date Due	Interest Rate Secured:	
10 1 2 2 0 0 6 12/31/08	5.1 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.4783
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election:  X Primary  General
Mailing Address 55 East Erie	Other (specify) ▼
City Chicago State IL ZI	IP Code 60611
Original Amount of Loan Cumulative Payme	ent To Date  Balance Outstanding at Close of This Period
20000.00	0.00 20000.00
TERMS  Date Incurred  Date Du	ue Interest Rate Secured:
M M D D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	20000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Pa	ge (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	L	130
	Tra	ansaction ID: SC/12.4784
LOAN SOURCE Full Name (Last, First, Middle Initial)  John H. Cox		Election:    X   Primary     General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Co	de 60611	
Original Amount of Loan Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
20000.00	0.00	20000.00
TERMS Date Incurred Date Due	Interes	t Rate Secured:
1 1 D D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	20000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, and the line is the schedule D, for this line.	edule D, carry forward to a	ppropriate line of Summary.

PAGE 67/89 Use separate schedule(s)

OANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.4785
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	ITalis	Election:  X Primary
Mailing Address 55 East Erie		General Other (specify) ▼
City Chicago State IL ZIP Coc	le 60611	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period		
10000.00	0.00	10000.00
TERMS Date Incurred Date Due	Interest R	Rate Secured:
1 1 1 2 0 0 6 1 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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LOANS	for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	saction ID: SC/12.4786
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	ITal	Election:  X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
50000.00	0.00	50000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
1 2 D D D 2 0 0 6 12/31/08		5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	50000.00
TOTALS This Period (last page in this line only)	▶	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, and the schedule D, for this line.	dule D, carry forward to app	propriate line of Summary.

# SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19

LOANS	Detailed Summary Page (check only one) X 19a
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Transaction ID: SC/12.4787  Election:  X Primary
Mailing Address 55 East Erie	☐ General Other (specify) ▼
City Chicago State IL ZIP Co	de 60611
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
50000.00	0.00 50000.00
TERMS  Date Incurred  Date Due	Interest Rate Secured:
1 2 D D 2 0 0 6 12/31/08	5.1 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	200
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sch	adula D. carry farward to appropriate line of Summary

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER:  (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5197
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox  Mailing Address 55 East Erie	Election:    X   Primary     General     Other (specify)
00 240, 270	
City Chicago State IL ZIP Concept Configural Amount of Loan Cumulative Payment T	
50000.00	0.00 50000.00
Date Incurred Date Due	Interest Rate Secured:
0 1 2 0 0 7 12/31/2008	5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5198
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X   Primary   General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	le 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
40000.00	0.00	40000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 1 1 1 6 2 0 0 7 12/31/2008		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
CURTOTALC This Deviced This Deve (astissed)		40000.00
SUBTOTALS This Period This Page (optional)		.00
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	caule υ, carry torward to appr	opriate line of Summary.

### SCHEDULE C (FEC Form 3P) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Page	(check only one) X 19	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			<u>U</u>
	Transac	ction ID: SC/12.5199	
LOAN SOURCE Full Name (Last, First, Middle Initial)  John H. Cox		lection:  X Primary  General	
Mailing Address 55 East Erie		Other (specify)	
City Chicago State IL ZIP Co	ode 60611		
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Perio	d
50000.00	0.00	50000.00	
TERMS Date Incurred Date Due	Interest Rat	e Secured:	
0 1 D D 2 9 2 0 0 7 12/31/2008	5.	10 % (apr) Yes X	10
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	50000.00	
TOTALS This Period (last page in this line only)		.00	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	edule D. carry forward to approp		

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5200
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
20000.00	0.00	20000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 2 0 0 7 12/31/08		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	20000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to app	ropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE

FOR LINE NUM (check only one)

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full)		
COX 2008 COMMITTEE INC	Transa	action ID: SC/12.5201
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox  Mailing Address 55 East Erie		Election:  X Primary  General  Other (specify) ▼
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
30000.00	0.00	30000.00
Date Incurred Date Due Date Due Date Due Date Due Date Due Date Due	Interest Ra	Secured: 5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	30000.00
TOTALS This Period (last page in this line only)	·····	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D	dule D, carry forward to appro	priate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5202
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trans	Election:
John H. Cox		X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	le 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
50000.00	0.00	50000.00
Date Incurred Date Due	Interest F	Rate Secured:
0 3 0 1 2 0 0 7 12/31/08		5.10 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
		5000000
SUBTOTALS This Period This Page (optional)		50000.00
TOTALS This Period (last page in this line only)		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appr	opriate line of Summary.

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5203
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election:  X Primary General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP Code	
Original Amount of Loan  Cumulative Payment To I  50000.00	Date Balance Outstanding at Close of This Period  0.00 50000.00
TERMS	Literat Data
Date Incurred Date Due    M	Interest Rate Secured:  5.10 % (apr) Yes X No
List All Fadayaya ay Consistent (if and to Long Course	
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	50000.00
TOTALS This Period (last page in this line only)	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched	dule D, carry forward to appropriate line of Summary.

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OANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 19a 19b	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transa	action ID: SC/12.5574	
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election:	
John H. Cox	I -	X Primary General	
Mailing Address 55 East Erie		Other (specify)	
City Chicago State IL ZIP Cod	le 60611		
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period	
25000.00	0.00	25000.00	
TERMS Date Incurred Date Due	Interest Ra	te Secured:	
M M D D D 2 0 0 7 Y Y Y Y 12/31/08	0	% (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SURTOTALS This Period This Page (optional)			
SUBTOTALS This Period This Page (optional)		.00	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appro	priate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LOANS	Detailed Summary Page	(check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5575
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Election:  X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balanc	ce Outstanding at Close of This Period
15000.00	0.00	15000.00
TERMS Date Incurred Date Due	Interest R	tate Secured:
0 4 D D D 2 0 0 7 Y Y Y Y 12/31/08		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		15000.00
TOTALS This Period (last page in this line only)	<b>)</b>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appr	opriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox  Mailing Address 55 East Erie	Tran	Election:  X Primary General Other (specify)
City Chicago State IL ZIP C		
Original Amount of Loan Cumulative Payment T	Γο Date Balar	nce Outstanding at Close of This Period
50000.00	0.00	50000.00
TERMS         Date Incurred         Date Due           M M M 0 5         0 2         2 0 0 7         12/31/08	Interest	Rate Secured:  0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)  Mailing Address	Name of Employer  Occupation	
Walling / laaress	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation  Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		50000.00
TOTALS This Period (last page in this line only)	<b>&gt;</b>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to app	ropriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.5577
LOAN SOURCE Full Name (Last, First, Middle Initial)	Truits	Election:
John H. Cox		X   Primary   General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Coo	de 60611	
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period
25000.00	0.00	25000.00
Date Incurred Date Due	Interest F	Rate Secured:
05 16 2007 12/31/08		0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<u> </u>	25000.00
TOTALS This Period (last page in this line only)	<b>&gt;</b> [.	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appr	opriate line of Summary.

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OANS	for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.5578
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	Election:  X Primary  General
Mailing Address 55 East Erie	Other (specify)
City Chicago State IL ZIP C	ode 60611
Original Amount of Loan Cumulative Payment T	To Date Balance Outstanding at Close of This Period
25000.00	0.00 25000.00
TERMS  Date Incurred  Date Due	Interest Rate Secured:
M M M D D D 2 0 0 7 Y Y Y Y 12/31/08	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25000.00
TOTALS This Period (last page in this line only)	. 00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sci	hedule D, carry forward to appropriate line of Summary.

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OANS	for each categor Detailed Summa		FOR LINE NUMBER: (check only one) X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		Transacti	
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox		Elec	on ID: SC/12.5579 etion: Primary General
Mailing Address 55 East Erie			Other (specify)
City Chicago State IL ZIP Co	ode 60611		
Original Amount of Loan Cumulative Payment To	o Date	Balance O	utstanding at Close of This Period
25000.00	0.00		25000.00
TERMS  Date Incurred  Date Due	I	nterest Rate	Secured:
M M M D D D Y Y Y Y Y 12/31/08		0	% (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:	0 0	
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>		25000.00
TOTALS This Period (last page in this line only)	<b>•</b>		.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sch	nedule D, carry forwar	d to appropri	ate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19

LOANS	Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC		
LOAN SOURCE Full Name (Last, First, Middle Initial)  John H. Cox  Mailing Address 55 East Erie	Trai	Election:  X Primary General Other (specify)
City Chicago State IL ZIP C		
Original Amount of Loan Cumulative Payment T	To Date Bala	nce Outstanding at Close of This Period
25000.00	0.00	25000.00
Date Incurred         Date Due           0 6         0 6           0 7         0 7           12/31/08	Interest	Rate         Secured:           0         % (apr)         Yes X No
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)  Mailing Address	Name of Employer  Occupation	
Walling Address	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation  Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation  Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		25000.00
TOTALS This Period (last page in this line only)	<b>)</b>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sc	hedule D, carry forward to ap	propriate line of Summary.

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LOANS	for each category of the Detailed Summary Pag	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	nsaction ID: SC/12.6136
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	IIai	Election:  X Primary General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Cod	e 60611	
Original Amount of Loan Cumulative Payment To	Date Balar	nce Outstanding at Close of This Period
30000.00	0.00	30000.00
TERMS Date Incurred Date Due	Interest	Rate Secured:
0 7 3 1 2 0 0 7 12/31/08		0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	30000.00
TOTALS This Period (last page in this line only)	<b>)</b>	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, for this line.	dule D, carry forward to app	propriate line of Summary.

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Tran	saction ID: SC/12.6137
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox	1101	Election:  X Primary  General
Mailing Address 55 East Erie		Other (specify)
City Chicago State IL ZIP Code		
Original Amount of Loan Cumulative Payment To I	Date Balan	ce Outstanding at Close of This Period
25000.00	0.00	25000.00
Date Incurred Date Due	Interest F	Rate Secured:
08 22 2007 12/31/08		0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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LOANS	for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 19a 19b	
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Trans	saction ID: SC/12.6138	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Trails	Election:	
John H. Cox		X Primary General	
Mailing Address 55 East Erie		Other (specify)	
City Chicago State IL ZIP Coo	le 60611		
Original Amount of Loan Cumulative Payment To		ce Outstanding at Close of This Period	
25000.00	0.00	25000.00	
Date Incurred Date Due	Interest F	Rate Secured:	
0 9 D D D 2 0 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
Oily State 211 Gode	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SURTOTALS This Period This Page (optional)			
COSTOTALO TILOT CICC TILOT CIGO (Optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) X 19a

LUANS	Detailed Summary Page (check only one) X 19a	
NAME OF COMMITTEE (In Full)	100	
COX 2008 COMMITTEE INC		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: SC/12.6139  Election:	
John H. Cox	X Primary General	
Mailing Address 55 East Erie	Other (specify)	
City Chicago State IL ZIP Co	ode 60611	
Original Amount of Loan Cumulative Payment T	o Date Balance Outstanding at Close of This Period	
10000.00	0.00 10000.00	
TERMS  Date Incurred  Date Due	Interest Rate Secured:	
0 9 D D 2 0 0 7 Y Y Y 12/31/08	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional) 10000.00		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sci	nedule D. carry forward to appropriate line of Summary.	

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LOANS	for each category of the Detailed Summary Page  FOR LINE NUMBER:  (check only one)  X 19a 19b
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC	Transaction ID: SC/12.7036
LOAN SOURCE Full Name (Last, First, Middle Initial) John H. Cox  Mailing Address 55 East Erie	Election:  X Primary  General  Other (specify)
City Chicago State IL ZIF	P Code 60611
Original Amount of Loan Cumulative Paymer	nt To Date Balance Outstanding at Close of This Period
20000.00	0.00 20000.00
TERMS Date Incurred Date Due	e Interest Rate Secured:
M M D D D 2 2 0 0 7 Y Y Y Y Y 12/31/08	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	. 00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

LOANS	Detailed Summary Page (check only one) X 19a 19b		
NAME OF COMMITTEE (In Full) COX 2008 COMMITTEE INC			
	Transaction ID: SC/12.7037		
LOAN SOURCE Full Name (Last, First, Middle Initial)  John H. Cox	Election:  X Primary General		
Mailing Address 55 East Erie	Other (specify)		
City Chicago State IL ZIP Coc	de 60611		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
10000.00	0.00		
TERMS  Date Incurred  Date Due	Interest Rate Secured:		
1 1 D D D 2 0 0 7 12/31/08	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)	4055000.00		
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Sche	edule D. carry forward to appropriate line of Summary		